

BALANCE SHEET

DATE OF STATEMENT _____

ASSETS

CURRENT ASSETS:

| | | |
|----------------------------------|----------|-------------------------------------|
| CASH IN BANK (TRUST ACCOUNT) | \$ _____ | NAME OF BANK OR FINANCIAL INSTITUTE |
| CASH IN BANK (OPERATING ACCOUNT) | \$ _____ | NAME OF BANK OR FINANCIAL INSTITUTE |
| CASH ON HAND | \$ _____ | |
| ACCTS. RECEIVABLE (CLIENTS) | \$ _____ | |
| ACCTS. RECEIVABLE (OTHER) | \$ _____ | |
| NOTES RECEIVABLE | \$ _____ | |
| MARKETABLE SECURITIES | \$ _____ | |
| (LOWER COST OR MARKET) | \$ _____ | |
| MARKET MONEY FUNDS | \$ _____ | |
| OTHER CURRENT ASSETS | \$ _____ | |
| DESCRIBE: | _____ | |

TOTAL CURRENT ASSETS \$ _____

| | | |
|-------------------------------------|-----------------|--|
| PROPERTY & EQUIPMENT | \$ _____ | |
| AUTOMOBILES | \$ _____ | |
| OFFICE EQUIPMENT | \$ _____ | |
| LEASEHOLD IMPROVEMENTS | \$ _____ | |
| LESS ACCUMULATED DEPRECIATION | \$ _____ | |
| NET PROPERTY & EQUIPMENT | \$ _____ | |
| OTHER ASSETS | \$ _____ | |
| TOTAL ASSETS | \$ _____ | |

LIABILITIES AND EQUITY

CURRENT LIABILITIES:

| | | |
|----------------------------|----------|---|
| ACCTS. PAYABLE (CLIENTS) | \$ _____ | (IF CLIENTS ARE NOT OWED ANYTHING SO |
| ACCTS. PAYABLE (OTHER) | \$ _____ | STATE AND EXPLAIN ON BACK OF THIS FORM) |
| NOTES PAYABLE (SHORT TERM) | \$ _____ | |

DESCRIBE: _____

| | | |
|-------------------|----------|--|
| TAXES PAYABLE | \$ _____ | |
| WAGES PAYABLE | \$ _____ | |
| OTHER LIABILITIES | \$ _____ | |
| ITEMIZE: | _____ | |

TOTAL CURRENT LIABILITIES \$ _____

EQUITY:

CAPITAL STOCK \$ _____
RETAINED STOCK \$ _____
TREASURY STOCK \$ _____
TOTAL EQUITY \$ _____
TOTAL LIABILITY & EQUITY \$ _____

IF APPLICABLE FILL OUT THE FOLLOWING:

CONTINGENT LIABILITIES _____ EXPLAIN _____

(GUARANTOR OR ENDORSER)

LONG TERM LEASES PAYMENT _____ TOTAL _____ MONTHLY _____

EQUIPMENT PAYMENT _____ TOTAL _____ MONTHLY _____

PREMISES PAYMENT _____ TOTAL _____ MONTHLY _____

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THE INFORMATION CONTAINED HEREIN TO BE HELD IN COMPLETE CONFIDENCE WITHIN THE
TENNESSEE COLLECTION SERVICE BOARD.

(PERSONAL – PARTNERSHIP – CORPORATION)

(CIRCLE ONE OF THE ABOVE)

NAME OF COLLECTION SERVICE _____

FULL ADDRESS _____

STREET & ADDRESS P.O. BOX CITY, STATE & ZIP CODE _____

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APPLICANT'S AFFIDAVIT

I CERTIFY THE ATTACHED FINANCIAL INFORMATION TO BE TRUE AND CORRECT TO THE BEST
OF MY KNOWLEDGE. MY PUBLIC ACCOUNTANT'S INFORMATION IS PROVIDED BELOW.

Name: _____

CPA or PA license No.: _____

Company Name: _____

Address: _____

Phone No.: _____

Manager and/or Owner's Signature

Agency Name

Sworn and subscribed to before me this _____ day of _____, 20____.

Notary Public _____

My Commission Expires: _____

***Any misrepresentation may result in denial of a new application or disciplinary action against a licensee on renewal. Please note this Board has the authority to review or investigate any information provided in this application or renewal pursuant to TCA §6220115.**